



**Office of
County Treasurer of Schoharie County**

PO Box 9
284 Main Street
Schoharie, NY 12157
Telephone: (518) 295-8386
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Schoharie County Room Occupancy Tax Registration Form

1. Name of Lodging Facility		2. NYS Sales Tax Identification Number			
3. Name of Operator (only if different from above)		4. Federal Employer ID Number			
5. Street Address	6. PO Box (if any)	7. City/Town	8. Zip Code		
9. Name of Contact Person	10. Title or Position	11. Phone Number			
Type of Establishment					
_____ Hotel _____ Motel _____ Campground Rental Unit					
_____ Lodging House _____ Bed & Breakfast _____ Other (describe)					
# of Rooms/Units _____ Estimated average unit occupancy: _____ %					
Estimated Average Gross Monthly Income from Room/Unit Sales/Rentals \$ _____					
Period to file occupancy return (Please choose one): <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual					
Period(s) for which Rooms/Units Rented & Range of Rate(s) Charges (check all that apply)					
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekend	<input type="checkbox"/> Less than 7 consecutive days	<input type="checkbox"/> More than 7 consecutive days	<input type="checkbox"/> At least 30 days	<input type="checkbox"/> Other (specify) _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Do you operate any other lodging establishments in Schoharie County? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, where is it located? _____					

UNDER THE PENALTIES OF PERJURY, I HEREBY DECLARE THAT I HAVE EXAMINED THIS RETURN AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE SAME ARE TRUE, CORRECT AND COMPLETE.

Signature	Print Name and Title	Date

COMPLETE AND MAIL THIS REGISTRATION FORM TO:
Schoharie County Treasurer
PO Box 9
Schoharie, NY 12157